PHONE NO. : 8636196357

Aug. 12 2005 07:55AM P3

U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

1. File Number U - 77073 2. Fiscal Year Covered From:								
The second secon								
	1							
1 2004 Through: 12 31 2004	4							
3. Name and address of person filing. 4. Name, file number, and address of labor organization.								
Name MIKE A AMBLER Name ASBESTOS WORKERS LOCAL UNION 67								
Labor Organization File Number 1022113								
P.O. Box, Bidg., Room No., if any								
Street 7930 US Hwy 301 N. Street 7930 US Hwy 301 N.								
City TAMPA	_							
State Ploxida ZIP Code + 4 33637-6765 State Florida ZIP Code + 4 33637-6765	5 }							
5. Position in labor organization. (ORGANIZER								
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.								
6. Name and address of Employer (Including trade name, if any). 7.a. Nature of Interest, Transaction, or Income.								
Name								
Trade Name, if any:								
P.O. Box, Bldg., Room No., if any								
7.b. Amount.								
The state of the s								
City								
State ZIP Code + 4								
Signature								
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)								
Signed								
Date Telephone Number								

PHONE NO. : 8636196357

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Name of Person Filing MIKE AMBLER		File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).	9. Business deats with:	<u> </u>				
Name	ې PMANAY					
Trade Name, if any:	a. Labor Organiza	tion				
P.O. Box, Bidg., Room No., if any	b. Trust					
Street	() C. Employer					
City						
State ZIP Code + 4	·					
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing	ng.				
Name			* :			
Trade Name, if any:			,			
P.O. Box, Bidg., Room No., If any						
Street	11.b. Approximate dollar valu	e of such dealing.				
City	12.a. Nature of interest held					
State Florida ZIP Code + 4						
	man specific for the first the second specific of the first of the second specific of the first of the second specific of the second spec					
	12.b, Amount.					
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	r parts A and B above) or other thing of value.					
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a, Nature of payment	out of pocket of	vnenges incurred			
Name ABBESTOS WORKERS LOCAL UNION 67	Reimbursement for out of pocket expenses incurred while performing administrative activities. Date of payment: 2/11/2004					
Trade Name, if any:	-					
P.O. Box, Bldg., Room No., if any						
Street 7930 US Hwy 301 N.			a parties of the state of the s			
City TAMPA						
State (Florida ZIP Code + 4		a				
13.b. to the Buelness an Employer Or Consultant 7	14.b. Amount of payment.		\$399			

Name of Person Filing MIKE AMBLER	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer					
10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, If any: P.O. Box, Bldg., Room No., If any Street City State Florida ZIP Code + 4	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or Income receive					
	12.b. Amount,	The second of th				
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Reimbursement for out of pocket expenses incurred (while performing administrative activities.						
Name ASBESTOS WORKERS LOCAL UNION 67 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 7930 US Hwy 301 N, City TAMPA	Date of payment: 3/3/2004					
State Florida ZIP Code + 4						
13.b. Is the Business an Employer [X] or Consultant [7]	14.b. Amount of payment	\$680				

Name of Person Filing MIKE AMBLER		File Number U-	
B. Held an interest in or derived income or economic benefit with monetary values substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or firectly to, or otherwise	3	W 1
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name	a, Labor Organiza	ition	
P.O. Box, Bldg., Room No., if any	b. Trust		
Street	c. Employer		
City (
State ZIP Code + 4			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deal	ng.	ار دوم او الدوم الدو - الدوم ا
Name {			
Trade Name, if any:			ļ
P.O. Box, Bldg., Room No., if any Street			
Andrea militarity behavior - contratornous reconstruction requirements and a second contratornous management	11.b. Approximate dollar valu	re of such dealing.	
City	12.a. Nature of interest hel	d or income received.	
			المحاولة الم
	12.b. Amount.		has at these teat and, defined the local plant, at state the medical and instruction in the same of the
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a, Name and address of Employer or Labor Relations Consultant (Including trade name, if any).	14.a. Nature of payment	THE STATE OF THE S	
Name ASBESTOS WORKERS LOCAL UNION 67	Reimbursement for out of pocket expenses incurred while performing administrative activities. Date of payment: 4/15/2004		
Trade Name, If any:			
P.O. Box, Bldg., Room No., if any			
Street 7930 US Hwy 301 N.	1]
City TAMPA			
State Florids ZIP Code + 4		وروا المراجعة ويواجع مورود ويوسيق ومرابطة مستخدسة المسيدين ومسيمين ما	
13.b. Is the Business an Employer X or Consultant ?	14.b. Amount of payment.		\$192

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Form LM-30 (2003)